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Certified Copies	_ Certificates	of Status
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Office Use Only

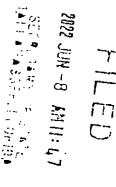


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QWIK COURIER 850-284-4584

PLEASE PROC	CESS THE FOLLO	WING.	
PLEASE DO N	IOT PUT OUR N	AME ON COVE	RLETTER
PLEASE USE I	NAME ON THE F	REQUEST.	
PLEASE PUT	IN OUR BOX W	HEN COMPLET	ED
CUSTOMER_ Vanes	Monviso sa Cons-	GROUP tancio	
			
			



June 1, 2022

QWIK COURIER

SUBJECT: MONVISO GROUP LLC

Ref. Number: L22000203921

We have received your document and check(s) totaling \$25.00. Howeve强the enclosed document has not been filed and is being returned to you fogthe following reason(s):

The document is illegible and not acceptable for imaging.

THE GRAY BACKGROUND IS NOT LEGIBLE ON PAGE 3 OF THE DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 522A00012325

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

MONVISO SUBJECT:	GROUP LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
•	Vanesa Constancio		
		Name of Person	<u> </u>
	System Failure Usa		
		Firm/Company	
	9851 NW 58TH ST		
		Address	
	DORAL, FLORIDA 3317	8	
	vanesa@systemfailureusa.c	City/State and Zip Code	
	- ·	to be used for future annual report noti	fication)
For further information of	concerning this matter, please co	all:	
Vanesa Constancio		954 5949654 at ()	
Name o	of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	! /	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on L22000203921 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	C
Florida document number L22000203921 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	C
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	C."
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The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" er the abbreviation er the abbreviatio	C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	C .
Principal office address MUST BE A STREET ADDRESS)	
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Inter new mailing address, if applicable:	\Box
Mailing address MAY BE A POST OFFICE BOX)	U
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New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, and address of each <u>person_being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RACCA, HERNAN	2100 VAN BUREN ST #203	□Add
		HOLLYWOOD, FL 33020	■Remove
		2100 VAN BUREN ST #203	-
MGR	SILVERT, MAXIMILIANO	HOLLYWOOD, FL 33020	
			· —
			□Change
			□Remove
			□ Change
			□ Add
			Remove
			□Change
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ffective date, if other than an effective date is listed, the dat	the date of filing	g:		(optional)	
Sote: If the date inserted in the	us block does not n	neet the applicable :	e of filing or more than statutory filing requir	90 days after filing.) Pursuar ements, this date will not	n to 605.0207 (3)(b
locument's effective date on t	he Department of S	State's records.	, .		
record specifies a delayed eff d is filed.	ective date, but not	an effective time, a	it 12:01 a,m, on the c	arlier of: (b) The 90th d	ay after the
Dated MAY 29		, 2022			
		1/			
- <u>-</u>			representative of a me.		